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FACSIMILE TRANSMISSION COVER SHEET

Date: February 25, 2004

To: Commissioner for Patents
From: Kathy J. Bell
Appl. No. 09/883,592
Our File # 0383-1-1 ✓

Fax # (703) 872-9306
Sender's Direct Fax # 404-572-6999
Sender's Direct Dial # 404-572-4581
Attorney # 3403

Total Pages (Including This Page):

Please notify Kathy Bell at (404) 572-4581 if all pages are not received properly.

COMMENTS:

Patents

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Steven Elliott Connor

Appln. No.: 09/883,592

Filed: June 18, 2001

For: LIMITED ARTICULATION TRAILER
AND HITCH SYSTEM

Confirmation No.: 1991

Examiner: Depumpo, Daniel G.

Group Art Unit: 3611

Atty Docket No.: 0383-1-1

Customer ID 25207

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

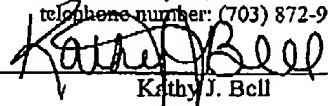
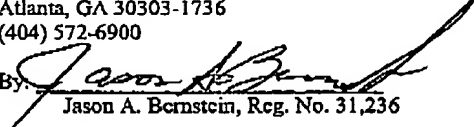
Sir:

Transmitted herewith for filing in the above-identified application are the following:

- ☒ First Amendment (9 pages)
- ☒ Petition for 3 months extension of time
- ☒ Change of Correspondence Address
- ☒ Information Disclosure Statement and Form PTO/SB/08A
- ☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.
- ☒ No additional claim fee is required as shown below.

| | | | | | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--|---|-------|-----------------------------------|------------------|-----------------|---------------|----------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | RATE | ADDIT. FEE |
| TOTAL | 2 | MINUS | 20 = | 0 | x9 | \$ | x18 | \$ |
| INDEP. | 1 | MINUS | 3 = | 0 | x43 | \$ | x86 | \$ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | +145 | \$0 | +290 | \$ |
| TOTAL ADDITIONAL FEE | | | | | | \$0 | | \$ |

- ☒ The Commissioner is hereby authorized to charge \$655 (three (3) months extension of time fee (\$475) and the information disclosure statement fee (\$180) and any additional fees required under 37 CFR 1.16 or 17, or credit any overpayment to Account No. 50-1429. A duplicate of this sheet is enclosed.
- ☒ Return receipt postcard to be date stamped and returned to the undersigned.

| | |
|--|---|
| <p align="center">CERTIFICATION OF FACSIMILE TRANSMISSION</p> <p>I hereby certify that the attached papers are being facsimile transmitted to the Patent and Trademark Office on February 27, 2004 to the following telephone number: (703) 872-9306.</p> <p align="center"> Kathy J. Bell</p> | <p>Jason A. Bernstein POWELL, GOLDSTEIN, FRAZER & MURPHY LLP 16th Floor 191 Peachtree Street, NE Atlanta, GA 30303-1736 (404) 572-6900</p> <p>By:  Jason A. Bernstein, Reg. No. 31,236</p> |
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